PLEASANT VIEW NURSING HOME N3150 HWY 81, PO BOX 768

MONROE 53566 Phone: (608) 325-2171 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 130 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 156 Average Daily Census: 115 Number of Residents on 12/31/00: 116

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00) %			
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	35. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	13. 8	More Than 4 Years	28. 4
Day Services	No	Mental Illness (Org./Psy)	36. 2	65 - 74	5. 2		
Respite Care	No	Mental Illness (Other)	9. 5	75 - 84	27. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42. 2	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.4	95 & 0ver	11. 2	Full-Time Equivale	nt
Congregate Meals	No	Cancer	1. 7			Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	0.9		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	19.0	65 & 0ver	86. 2		
Transportation	No	Cerebrovascul ar	6. 9			RNs	12. 7
Referral Service	No	Diabetes	2.6	Sex	%	LPNs	5. 7
Other Services	No	Respi ratory	1.7			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	17. 2	Male	28. 4	Aides & Orderlies	48. 6
Mentally Ill	Yes			Female	71.6		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medi			Medic												
		(Ti tl	e 18)	(Title 1		19)		Other Private		Pay]	Managed Care			Percent		
			Per Die	em		Per Die	m		Per Die	em		Per Dier	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	2	2. 4	\$123. 50	0	0. 0	\$0.00	1	3. 3	\$135.00	0	0. 0	\$0.00	3	2. 6%
Skilled Care	4	100. 0	\$135.00	65	79. 3	\$104.82	0	0. 0	\$0.00	25	83. 3	\$135.00	0	0.0	\$0.00	94	81. 0%
Intermediate				13	15. 9	\$86. 15	0	0.0	\$0.00	4	13. 3	\$135.00	0	0.0	\$0.00	17	14. 7%
Limited Care				1	1. 2	\$73.70	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0. 9%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				1	1. 2	\$157.73	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0. 9%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Total	4	100.0		82 1	100. 0		0	0. 0		30	100.0		0	0.0		116	100. 0%

PLEASANT VIEW NURSING HOME

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services	s, and Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	3. 0	Bathi ng	0. 9		54. 3	44. 8	116
Other Nursing Homes	9. 0	Dressi ng	8. 6		50. 9	40. 5	116
Acute Care Hospitals	63.0	Transferri ng	24. 1		34. 5	41. 4	116
Psych. HospMR/DD Facilities	3.0	Toilet Use	17. 2		36. 2	46. 6	116
Rehabilitation Hospitals	0.0	Eating	62. 1		18. 1	19. 8	116
Other Locations	16. 0	*************	*******	******	*********	*********	*******
Total Number of Admissions	100	Continence		%	Special Trea	ntments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5. 2	Recei vi ng	Respiratory Care	6. 9
Private Home/No Home Health	23.0	0cc/Freq. Incontine	nt of Bladder	54 . 3	Recei vi ng	Tracheostomy Care	1. 7
Private Home/With Home Health	3.0	0cc/Freq. Incontine	nt of Bowel	37. 9	Recei vi ng	Sucti oni ng	2. 6
Other Nursing Homes	0.0				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	8. 0	Mobility			Recei vi ng	Tube Feedi ng	6. 0
Psych. HospMR/DD Facilities	2.0	Physically Restraine	ed	13.8	Recei vi ng	Mechanically Altered Diets	58 . 6
Rehabilitation Hospitals	0.0						
Other Locations	7. 0	Skin Care			Other Reside	ent Characteristics	
Deaths	57. 0	With Pressure Sores		8. 6	Have Advar	nce Directives	100. 0
Total Number of Discharges		With Rashes		6. 9	Medi cati ons		
(Including Deaths)	100	Ì			Recei vi ng	Psychoactive Drugs	54. 3

				Bed	Size:	Li co	ensure:		
	Thi s			100-199 Peer Group		Ski l	lled	Al l	
	Facility					Peer Group		Facilities	
	%	%	Rati o	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73. 7	87. 0	0. 85	82.6	0.89	84. 1	0. 88	84. 5	0.87
Current Residents from In-County	79. 3	75.8	1.05	79. 7	1.00	76. 2	1.04	77. 5	1.02
Admissions from In-County, Still Residing	33. 0	28. 9	1. 14	22. 3	1. 48	22. 2	1. 49	21.5	1. 53
Admissions/Average Daily Census	87. 0	81. 9	1.06	126. 4	0. 69	112. 3	0.77	124. 3	0. 70
Discharges/Average Daily Census	87. 0	83. 2	1.05	127. 9	0. 68	112. 8	0.77	126. 1	0.69
Discharges To Private Residence/Average Daily Census	22. 6	32. 1	0. 70	52. 7	0. 43	44. 1	0. 51	49. 9	0. 45
Residents Receiving Skilled Care	83. 6	88. 8	0. 94	89. 2	0. 94	89. 6	0. 93	83. 3	1.00
Residents Aged 65 and Older	86. 2	89. 7	0. 96	95. 1	0. 91	94. 3	0.91	87. 7	0. 98
Title 19 (Medicaid) Funded Residents	70. 7	69. 4	1. 02	70. 7	1.00	70. 1	1. 01	69. 0	1.02
Private Pay Funded Residents	25. 9	20. 1	1. 29	19. 5	1. 33	21. 4	1. 21	22.6	1.14
Developmentally Disabled Residents	0. 9	0.8	1. 14	0. 9	0. 98	0. 9	0. 94	7. 6	0. 11
Mentally Ill Residents	45. 7	47. 5	0. 96	36. 3	1. 26	39. 6	1. 15	33. 3	1. 37
General Medical Service Residents	17. 2	15. 2	1. 13	19. 1	0. 90	17. 0	1. 01	18. 4	0.94
Impaired ADL (Mean)	58. 3	50. 7	1. 15	48. 4	1. 20	48. 2	1. 21	49. 4	1. 18
Psychological Problems	54. 3	58 . 0	0.94	49. 3	1. 10	50. 8	1. 07	50. 1	1. 08
Nursing Care Required (Mean)	11. 4	6. 9	1. 65	6. 5	1. 75	6. 7	1. 70	7. 2	1.60